

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,

* 01-348
William D. Silva
Law Offices of William D. Silva

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Bennis B. Date of Delivery 1/21/03
C. Signature Bennis
☒ Agent ☐ Addressee
☐ Yes ☐ No

12 JAN 15
Savings Time
ss Mail

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

0023 0971 2191

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 01-348

CERTIFIED

MAILED & INSPECTED

RETURN

RECEIPT

JAN 16 2003

REQUESTED

NAME: William D. Silva
Law Offices of William D. Silva
5335 Wisconsin Avenue, N.W.
Suite 400
Washington, DC 20015- BY _____

ORDER DATED <u>01-10-03</u>
FCC 03M-01
MIMEOGRAPH NO.

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage \$	
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	4.42
Name (Please Print Clearly) (to be completed by mailer) <u>William D. Silva</u>	
Street, Apt. No., or PO Box No. <u>5335 Wisconsin Avenue, Suite 400</u>	
City, State, ZIP+4 <u>Washington, DC 20015</u>	
PS Form 3800, July 1999	

7000 0600 0023 0771 2191